

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045338

FILED
Apr 15, 2006
Secretary of State

Entity Name: THE HEALTH SERIES, LLC

Current Principal Place of Business:

149 ANASTASIA LAKES DRIVE
ST. AUGUSTINE, FL 32080 US

New Principal Place of Business:

Current Mailing Address:

149 ANASTASIA LAKES DRIVE
ST. AUGUSTINE, FL 32080 US

New Mailing Address:

FEI Number: 56-2480755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULICK, KAY
149 ANASTASIA LAKES DR.
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

GULICK, KAY M
149 ANASTASIA LAKES DR.
ST. AUGUSTINE, FL 32080 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KAY M. GULICK

04/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GULICK, KAY M
Address: 149 ANASTASIA LAKES DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGR () Delete
Name: GULICK, DONALD
Address: 149 ANASTASIA LAKES DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KAY M. GULICK

MGR

04/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date